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PRIVILEGED COMMUNICATION**

Date: APRIL 8, 2004

To: EXAMINER DANIEL K. LAM  
U.S. PATENT AND TRADEMARK OFFICE

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From: FRANK C. NICHOLAS  
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Client/Matter No.: PHN 17,686 (7790/350)

# of Pages: 19  
(including cover sheet)

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Attorney Docket No.	PHN 17,686 (7790/350)
Application Number	09/689,061
Filing Date	OCTOBER 12, 2000
First Named Inventor	FRANK P. DERKS
Group Art Unit	2667
Examiner	LAM, DANIEL K

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Response to Non-Final Office Action Dated January 8, 2004	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> After Final	<input type="checkbox"/> Drawings.	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brif. Reply Brief)
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Post Card Receipt
<input checked="" type="checkbox"/> Petition for One-Month Extension of Time Request	<input type="checkbox"/> To Convert a Provisional Application	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Replacement Drawing Sheets 1/6 and 4/6
<input type="checkbox"/> Information Disclosure Statement, PTO-1449, etc.	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/>
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Request of Refund	<input type="checkbox"/>
	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-1713. A duplicate copy of this sheet is enclosed.	
	<input checked="" type="checkbox"/> I hereby petition under 37 CFR § 1.13(a) for any extension of time required to ensure that this paper is timely filed. Please charge any associated fees which have not otherwise been paid to Deposit Account No. 50-1713. A duplicate copy of this sheet is enclosed.	

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	Claims After Amendment		Highest No Previously Paid For	Present Extra
Total		Minus		0
indep.		Minus		0
Final Presentation of Multiple Dep. Claim				

Small Entity		Large Entity	
Rate	Add'l Fee	Rate	Add'l Fee
x \$0=	0	x \$18=	
x \$43	0	x \$86	
+ \$145	—	+ \$290=	
total add'l fee	\$ 0	total add'l fee	\$

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

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or  
individual name  
  
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Date April 8, 2004

April 8, 2004

**CERTIFICATE OF FACSIMILE**

I hereby certify that this correspondence is being transmitted via facsimile to (703) 872-9314  
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FRANK C. NICHOLAS (33,983)

Date: April 8, 2004